

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033837

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8754

STATE FILE NUMBER

VS 300
Rev. 4/59

1

23/98

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4 0

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12 690

13

69

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 6 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Sr. Louis, Missouri

Length of stay in 1b

2 Months 11D

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Louis-Little Rock

Hospital, Inc.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY

OR TOWN Kansas City,

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5210 East 6th Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Christian

Martin

Larsen

4. DATE OF DEATH

Month Day Year

August 27, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-15-1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pens. Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

Rail road

11. BIRTHPLACE (City and state or country)

Norway

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Peter S. Larsen

13b. MOTHER'S MAIDEN NAME

Christine (Unknown)

14. NAME OF HUSBAND OR WIFE

Lelia

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

No. Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lelia Larsen, 5210 East 6th, St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PERITONITIS SECONDARY TO PERFORATED PEPTIC ULCER

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

540-1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIOSCLEROTIC HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 6, 1963 to AUG 27, 1963 and last saw him alive on AUG 26, 1963

Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John T. Vandover MD

22b. ADDRESS

1504 So. Grand Blvd

22c. DATE SIGNED

9/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-30-63

23c. NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sheil, Mortuary Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

AUG 29 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.